## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10693421

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                  |                               |                                 |                  |       | SMALL ENTITY TYPE   |                        |       | OR SMALL ENTITY     |                        |  |
|--|--|---|------------------|-------------------------------|---------------------------------|------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 7                |                               |                                 | ·                | . [   | RATE                | FEE                    |       | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED     |                               | NUMBE                           | ER EXTRA         |       | BASIC FEE           | 385.00                 | OR    | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 7 minus 20=      |                               | * (2                            |                  |       | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =        |                               | * 0                             |                  | Ì     | X43=                |                        | OR    | X86=                |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             |                  |                               |                                 |                  | +145= |                     | OR                     | +290= |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0  |  |   |                  |                               | · "0" in c                      | olumn 2          | Ì     | TOTAL               |                        | OR    | TOTAL               | 770                    |  |
| . •  |  | LAIMS AS A                                |                  |                               |                                 |                  |       |                     |                        | •     | OTHER               | THAN                   |  |
| (Column 1) (Column 2) (C   |  |   |                  |                               |                                 | (Column 3)       |       | SMALL               |                        | OR    | SMALL               |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY                   | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| IDME   | Total  | *   | Minus            | **                            |                                 | =                |       | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
| MEN  | Independent                                    | *   | Minus            | ***                           |                                 | =                |       | X43=                |                        | OR    | X86=                |                        |  |
| <b> </b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                                 |                  | J     | +145=               |                        | OR    | +290=               |                        |  |
|  |  |   |                  |                               |                                 |                  |       | TOTAL               |                        |       | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                               |                                 |                  |       | ADDIT. FEE          |                        | 1 ~   | ADDIT. FEE          |                        |  |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER         |                  | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY           | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL        |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | AMENDMENT                                 | Minus            |                               | FOR                             | =                | 1     | X\$ 9=              | FEE                    |       | X\$18=              | rec_                   |  |
|  | Total<br>Independent                           | *   | Minus            | ***                           |                                 | = =              | 1     |                     |                        | OR    |                     |                        |  |
|  |  |   |                  |                               | T CLAIM                         | <u> </u>         | 1     | X43=                |                        | OR    | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                  |                               |                                 |                  | -     | +145=               |                        | OR    | +290=               |                        |  |
| •  |  |   |                  |                               |                                 |                  | i     | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| -  |  | (Column 1)                                |                  | (Colu                         | ımn 2)                          | (Column 3)       |       |                     |                        |       |                     |                        |  |
| AMENDMENT C  | `  | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus            | **                            |                                 | = .              | ]     | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
| ME   | Independent                                    | *   | Minus            | ***                           |                                 | =                | 1     | X43=                |                        | OR    | X86=                |                        |  |
| $\mathbb{L}$   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                                 |                  |       | +145=               |                        |       | +290=               |                        |  |
|  | If the entry in colu                           | mn 1 is less than th                      | he entry in colu | ımn 2, writ                   | e "0" in co                     | olumn 3.         |       | +145=               |                        | OR    | TOTAL               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                               |                                 |                  |       |                     |                        |       |                     |                        |  |